TC00081-2 05-10-04 **FORM 2**

APPLICATION FOR AMUSEMENT DEVICE PERMIT

Return to:

IDAHO STATE TAX COMMISSION PO BOX 36 BOISE, IDAHO 83722-0410

| ARFAS FOR | | |
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Date___

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|---|------------------------------|--------------------------------------|---|---|--|---------------------------------------|---|--------------------|------------|---------------------|
| You must get an amusemer in service. See instructions If you need other permits fo ment devices), go to www. | r your busine: | ss (including a | a sales tax permit | if you r | · nake retail sales otl | her than the use o | of currency- or toke | n-operat | ed amus | |
| 2. Do you have an active Idah | | | <u> </u> | | umber and informa | <u> </u> | | | | have |
| If so, enter number here. | | to com applica | plete this entire ap ation, and mail it wi | oplication | on. Just indicate the r payment to the ad lication form and ma | e number of deca dress in the uppe | ls required in Secti r left. If you do not l | on 3, sig | n and dat | e the |
| 3. Number of amusement devi One decal per mac | ice decals req hine or de | uired evice in se | ervice | | X \$42. | .00 = | 7 | Γotal D | ue | |
| 4. Type of business (see instructions) | Sole Prop Nonprofit | le Proprietorship Par nprofit Gov | | | S Corporation Fiduciary/Trust | | Corporation Limited Liability Company | | | |
| 5. Purpose of registration | New appli | cant _ | Change legal na Add/Change loc | | Change assumed business name Change in partners, shareholders, or managing members % | | | | | , b |
| 6. Federal Employer Identification Number (EIN) | | | | | 7. Social Security Number (SSN) | | | | | |
| 8. Legal business name (see instructions) | | | | | 9. Assumed business name (DBA) | | | | | |
| 10. Date business began in Idaho 11. Date incorporated | | oorated | | 12. State incorporated in | | 13. Month tax ye | nth tax year ends | | | |
| 14. Physical location of business (no PO Box or mail drop addresses) | Street | address | (| City | Cour | nty | State | Zip C | Code | |
| 15. Mailing address | Street ac | ldress or PO I | Box | City | | | State | Zip C | ode | |
| 16. Business telephone number () | er | 17. Contact | person (name and | title) | | 18. Telephone r | number and extensi | on of cor | itact pers | on |
| 19. E-mail address of contact p | erson | | | | 20. Fax number of o | contact person | | | | |
| 21. Primary nature of business 22. Have you ever had a tax ac | | | | | | service performed | 1.) | | | |
| 23. List (a) owner and spouse (liability companies. (Use | | | | nership | o, (c) all corporate o | fficers of corpora | tion, or (d) all mem | bers of l | mited | |
| Name | | | Address of Re | sidenc | ce | SSN or EIN an | d Phone Number | Corporate Title | % Owned | Director? Yes/No |
| | | | | | | | | | | |
| | | | | | | | | - | | |
| | | | | | | | | - | | |
| ACQUIRING AN EXISTING | G BUSINES | S OR CHA | NGING TYPE C | OF LE | GAL BUSINESS | ENTITY | | | <u> </u> | |
| If you buy an existing business, previous owner produces a rece money and the taxes remain un | ipt from the Id | aho State Tax | c Commission show | wing th | ie taxes have been p | aid. If you do not | withhold the requir | ed tax fro | om the pu | |
| 24. Did you acquire all or part | of an existing | business? _ | | | | | legal business ent | ity? | Yes _ | _No |
| 26. Previous owner's name | | | 2 | 27. Business name at time of purchase | | | | | | |
| 28. Date acquired | | | 2 | 29. Account/permit numbers of the business acquired | | | | | | |
| CERTIFICATION: I certify that I are correct and true to the best | | | orm must also be s | igned l | | | his document and t | that the s | tatement | s made |
| Print name Sig | | | | ture _ | | | | _ Date | e | |

_____ Signature ___

AMUSEMENT DEVICE PERMIT APPLICATION INSTRUCTIONS

Instructions are provided only for items that may need clarification.

For more help, contact:

Idaho State Tax Commission - (208) 334-7660 or (800) 972-7660 toll free

- Use this application to apply for an amusement device permit (decal) to be displayed on each currency- or token-operated amusement device you have in service. Amusement device permits (decals) are valid from July 1 to June 30 and must be renewed annually. A renewal form will be sent to you in June each year so you can renew your decals by July 1.
- 2. If you have a current Idaho seller's permit, you need only enter your current sales tax number, fill in Section 3 of the application, sign and date this form, and mail to the Idaho State Tax Commission.
- 3. A decal is needed for each currency- or token-operated machine or device used for amusement. Examples: pinball machine, jukebox, or video game. List the number of decals you are requesting.

Multiply the number of decals by \$42 and enter the total amount due. Make your check payable to the Idaho State Tax Commission and attach it to this application.

Permits (decals) are transferable from one person to another once written notification of the transfer is received by the Tax Commission. Permits (decals) may be transferred from a machine that is no longer in service to another machine owned or operated by the same person.

- 4. Mark the type of legal business entity that indicates how you will file your income tax return. If you marked limited liability company, also mark either sole proprietorship, partnership or corporation depending on how you have chosen to be taxed for income tax purposes. If you have questions about types of legal business entities, contact the Secretary of State, (208) 334-2300.
- 5. Mark the items that best describe your purpose in filing this form:

New applicant. If the business is not currently registered with the Tax Commission.

Change legal name. If the business is changing its legal name, include a copy of proof, such as amended articles of incorporation or federal documentation.

Change assumed business name. If the business is changing its assumed business name (DBA).

Add/change location. If the business has changed its physical business location or added other locations.

Change in partners, shareholders, or managing members. List the percentage of change if the business has new or additional partners, shareholders or managing members. Be sure to list all of the partners, shareholders or managing members in box 23.

The following boxes **must** be completed: 1-5, 6 or 7, 8, 10, 13-15, 16-18, 21, and 23.

- 6. List your federal Employer Identification Number (EIN) if you have one. If the business is other than a sole proprietorship, you must have an EIN. If you have applied for your EIN, but have not received it yet, enter "applied for." If you are not required to have an EIN, leave this box blank.
- 7. Enter your Social Security number (SSN) if your business is a sole proprietorship.
- 8. List the legal name of the business. If the business is owned by a

sole proprietor, list the name shown on the owner's Social Security card

If the business is owned by a corporation, limited liability company or partnership, list the legal name as registered with the Secretary of State.

- 9. List the assumed business name (DBA), if different from the legal business name. (Example: Legal name Karan Jones dba Karan's Video Games.) This name must also be registered with the Secretary of State, (208) 334-2301.
- 10. Enter the date this business began operating in Idaho.
- 11. If your business is a corporation, enter the date incorporated.
- 12. If your business is a corporation, enter the state in which it was incorporated.
- 13. If the business files income tax returns on a calendar year basis, enter December. If the business files income tax returns on a fiscal year basis, enter the month the business' fiscal year ends.
- 14. List the business' physical location in Idaho. If you have more than one location, attach a separate page listing the additional locations. (Do not use a PO Box or mail drop address.)
- 17. Enter the information for the person we should contact about your account.
- 21. Describe in detail the products and/or services your business in Idaho will provide. (Examples: video arcade, restaurant, retail sales: food, books.)
- 22. If this business entity or its owner, partners or members has ever had a tax account number in Idaho, list all permits or accounts.
- 23. List the appropriate information:
 - a. If you marked sole proprietorship on line 4, list the requested information for the owner and spouse.
 - b. If you marked partnership on line 4, list the requested information for each partner including each partners Social Security number (required). If there are more than four partners, attach an additional page.
 - c. If you marked S corporation, corporation or nonprofit on line 4, list the requested information for each officer including each officers Social Security number (required). Indicate if the officer is on the board of directors by writing "yes," "no" or "not applicable" (N/A). If there are more than four officers, attach another page.
 - d. If you marked limited liability company on line 4, list the requested information for all members including each members Social Security number (required). If there are more than four members, attach another page.

If you marked government or fiduciary, line 23 is optional.